

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/599707

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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10						
11						
12						
13						
14						
15						
16		1				
17			1			
18			1			
19			1			
20			1			
21			1			
22			1			
23			1			
24			1			
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48						
49						
50						
TOTAL IND.	0	↓	3	↓	0	↓
TOTAL DEP.	0	←	8	←	0	←
TOTAL CLAIMS	0		11		0	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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98						
99						
100						
TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	0		0		0	